

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004254

DEPARTMENT OF PUBLIC HEALTH

FILED FEB 2 1982

Primary Registration District No. 1003

Registrar's No. 1025

STATE FILE NUMBER

AMENDED

Registration District No. 318

XC-2 600 195

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

16 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR IN INSTITUTION VAH, 915 NO. GRAND AVE.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN ST. LOUIS

d. STREET ADDRESS

(If outside, give location)

5452 GILMORE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

HERBERT W. MORRISON

4. DATE OF DEATH

Month

Day

Year

1/22/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/18/81

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED CLERK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CINCINNATI, OHIO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

I. H. MORRISON

13b. MOTHER'S MAIDEN NAME

CATHERINE STONE

14. NAME OF HUSBAND OR WIFE

MARY I. MORRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

16. SOCIAL SECURITY NO.

SPAW

17. INFORMANT

MARY I. MORRISON (WIDOW) SEE #2

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCT

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

420.0

INTERVAL BETWEEN ONSET AND DEATH

16 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

VA

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/6/62

to 1/22/62

and last saw him

1/22/62

Death occurred at 8:10 AM.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Joseph P. Schaefer

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

1/22/62

23a. BURIAL CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-25-62

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

St. Louis, County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home.

25. DATE RECD. BY LOCAL REG.

JAN 23 1982

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Housen

Licensed Embalmer No. 42342

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.